

EXHIBIT 172

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: William Hernandez Sanchez

Participant's Address: PO Box 940 Las Piedras PR 00771

Participant's Email Address: Zulaika.prss@gmail.com

Name of Counsel: _____

Address of Counsel: _____

Email Address of Counsel: _____

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 17 BK 3283 - LTS

Nature of Claim: Promesa Title III

By: William Hernandez Sanchez

Signature

William Hernandez Sanchez

Print Name

Title (if Participant is not an individual)

08/09/21

Date

Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.